

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/20/2011	
NAME OF PROVIDER OR SUPPLIER CHICAGOLAND CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 6685 E 117TH AVE CROWN POINT, IN46307			
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F0000	<p>Surveyor: Sanders, Regina</p> <p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 02/23/11.</p> <p>Survey dates: April 18, 19, and 20, 2011</p> <p>Facility number: 001198 Provider number: 155637 AIM number: 100471000</p> <p>Survey team: Regina Sanders, RN, TC Sheila Sizemore, RN Marcia Mital, RN Kelly Sizemore, RN</p> <p>Census bed type: SNF: 24 SNF/NF: 106 Residential: 41 Total: 171</p> <p>Census payor type: Medicare: 26 Medicaid: 80 Other: 65 Total: 171</p> <p>Sample: 14 Supplemental sample: 2</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Residential sample: 3 These Deficiencies also reflect State findings in accordance with 410 IAC 16.2. Quality review completed on April 25, 2011 by Bev Faulkner, RN						

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F0225 SS=D	<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on observation, record review, and interview, the facility failed</p>			F0225	F 225 D 1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient a. A complete skin assessment was completed, on Resident #76 to		05/13/2011

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	<p>to thoroughly investigate, injuries of unknown origin related to multiple bruising found on 3 of 14 residents reviewed for injuries of unknown origin in a sample of 14. (Resident #12, #49 and #76)</p> <p>Findings include:</p> <p>1. Resident #76's record was reviewed on 4/18/11 at 11:22 a.m. Resident #76's diagnoses included, but were not limited to history of falls, muscle weakness, and Alzheimer's disease.</p> <p>A Significant Change MDS (Minimum Data Set) assessment, dated 2/10/11,</p>				<p>determine resident's skin condition and ascertain factors that might lead to additional bruising. This resident has a history of bruising therefore; identified skins issues related to bruise(s) of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator /Designee and with an appropriate Resident Care Plan implemented. b. A complete skin assessment was completed on Resident # 12. A complete skin assessment was completed with no new bruises identified. All issues of bruises /injuries of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented. c. A complete skin assessment was completed on Resident # 49. A complete skin assessment was completed with no new bruises identified. All issues of bruises/injuries of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented. 2. How other residents having the potential to</p>		

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	<p>indicated Resident #76 had short and long term memory problems and was severely impaired for decision making. The MDS assessment indicated the resident had not transferred or ambulated. The MDS assessment indicated the resident required extensive one person assistance for bed mobility and was totally dependent for dressing, eating, toilet use, personal hygiene, and bathing.</p> <p>A Nurses' Note, dated 4/5/11 at 1:00 a.m., indicated "Bruise found R (right) upper (arrow pointing up) arm</p>				<p>be affected by the same deficient practice will be identified and what corrective action (s) will be taken. a. New investigative protocol for bruises/injuries of unknown origin has been developed and implemented this protocol will be used to thoroughly investigate all bruise(s) /injuries of unknown origin. A multidisciplinary team comprised of Director of Nursing/Designee and the Resident Care Coordinator/Designee will be responsible to ensure that the new investigative protocol is being implemented. Residents will be re-assessed using the new protocol and resident care plan will be updated as needed. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur a. New protocol/forms for reporting and investigating bruises /injuries of unknown origin were developed. b. Incident/Accident reports will be placed in designated medical record box on each unit. The incident /accident reports will be collected by medical records during daily Monday through Friday and nursing house supervisor will collect on the week end. The reports will be given to the Director of Nursing/Designee. c. Director of Nursing /Designee will review incident report /accident report and initiate investigation. d. After review of</p>		

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	<p>proximal/elbow, 2 1/2 cm (centimeters) by 3 cm...unknown origin...."</p> <p>A Nurses' Note, dated 4/7/11 at 6:00 a.m., indicated the resident's bruises to the right elbow were healing.</p> <p>A Nurses' Note, dated 4/13/11 at 1:00 p.m., indicated "Bruises c/ (with) abrasions to R elbow noted. Purple areas is (sic) approx. (approximate) 8.5 cm by 7 cm et 1 cm x (by) 1 cm distally. Abrasions within bruise are approx. 2 cm x 0.8 cm et (and) 2.5 cm x 1.8 cm. Bruise is of unknown origin...."</p>				<p>investigation by the Director of Nursing /Designee, the corporate nursing consultant will be informed of findings. The Director of Nursing/Designee will proceed according to Indiana reportable regulations as directed if investigation indicates. e. A Directed in-service training on new investigative protocol will be provided to nursing staff. 4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place. a. Incident/Accident reports will be reviewed at the morning stand up meeting. This process will be on going. b. Director of Nursing will meet with individual nurses if new protocol /procedures are not being followed. Nurse will be re-educated and disciplined when appropriate. c. Director of Nursing /Designee will review investigation documentation on incident/accident of unknown origin and log when completed. A summary of investigation(s) will be presented monthly to the Q/A committee and this will be ongoing. F 225 D 1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient a. A complete skin assessment was completed, on Resident #76 to determine resident's skin condition and ascertain factors that might lead to additional bruising. This</p>		

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	<p>A Witness Statement Form, dated 4/5/11 at 1:00 a.m., indicated "Bruises found on resident's arm while doing PICC (peripherally inserted central catheter) line dressing changes. R forearm purple bruises noted 3 cm wide 2 1/2 from unknown origin...Possibly with ADL (activities of daily living)...."</p> <p>An Accident/Incident Report, dated 4/13/11, provided by the Nurse Consultant on 4/18/11 at 1:07 p.m., indicated "...When inspecting another bruise I noticed a new bruise of unknown</p>				<p>resident has a history of bruising therefore; identified skins issues related to bruise(s) of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator /Designee and with an appropriate Resident Care Plan implemented. b. A complete skin assessment was completed on Resident # 12. A complete skin assessment was completed with no new bruises identified. All issues of bruises /injuries of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented. c. A complete skin assessment was completed on Resident # 49. A complete skin assessment was completed with no new bruises identified. All issues of bruises/injuries of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken. a. New investigative</p>		

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	<p>origin...." There was a lack of documentation of an investigation of why the bruises occurred. There was a lack of documentation of a Witness Statement Form.</p> <p>During an interview on 4/18/11 at 1:55 p.m., the ADoN (Assistant Director of Nursing) indicated she was not sure how the bruises occurred.</p> <p>During an interview on 4/19/11 at 12:55 p.m., the DoN (Director of Nursing) indicated the investigation for the bruises found on 4/5/11 and /4/13/11, had been initiated on 4/18/11.</p>				<p>protocol for bruises/injuries of unknown origin has been developed and implemented this protocol will be used to thoroughly investigate all bruise(s) /injuries of unknown origin. A multidisciplinary team comprised of Director of Nursing/Designee and the Resident Care Coordinator/Designee will be responsible to ensure that the new investigative protocol is being implemented. Residents will be re-assessed using the new protocol and resident care plan will be updated as needed. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>a. New protocol/forms for reporting and investigating bruises /injuries of unknown origin were developed. b. Incident/Accident reports will be placed in designated medical record box on each unit. The incident /accident reports will be collected by medical records during daily Monday through Friday and nursing house supervisor will collect on the week end. The reports will be given to the Director of Nursing/Designee. c. Director of Nursing /Designee will review incident report /accident report and initiate investigation. d. After review of investigation by the Director of Nursing /Designee, the corporate nursing consultant will be informed of findings. The Director</p>		

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	2. Resident #12 was observed during the initial tour on 4/18/11 at 10:08 a.m., with RN #3 present, in her wheelchair in the hallway on the B hall. There were 3 purple bruises noted on the resident's left elbow. RN #3 indicated she did not know the resident had the bruises. She indicated the resident was confused. Resident #12 was not aware of how she had gotten the bruises.				of Nursing/Designee will proceed according to Indiana reportable regulations as directed if investigation indicates. e. A Directed in-service training on new investigative protocol will be provided to nursing staff. 4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place. a. Incident/Accident reports will be reviewed at the morning stand up meeting. This process will be on going. b. Director of Nursing will meet with individual nurses if new protocol /procedures are not being followed. Nurse will be re-educated and disciplined when appropriate. c. Director of Nursing /Designee will review investigation documentation on incident/accident of unknown origin and log when completed. A summary of investigation(s) will be presented monthly to the Q/A committee and this will be ongoing.		

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	<p>Resident #12's record was reviewed on 4/18/11 at 1:05 p.m. Resident #12's diagnoses included, but were not limited to, osteoporosis, dementia, and hypertension.</p> <p>The nurses' notes, last documentation was 3/26/11, there was a lack of documentation of the bruises.</p> <p>An annual MDS assessment, dated 3/24/11, indicated the resident's cognitive status was extremely impaired and the resident required limited to extensive assistance of one staff member for bed mobility, transfers, ambulation, dressing, personal hygiene, and bathing.</p> <p>Resident #12's record was reviewed on 4/19/11 at 9:20 a.m. There was a lack of documentation in the resident's nurses' notes related to the bruises observed on the initial tour on 4/18/11 at 10:08 a.m.</p> <p>During an interview on 4/19/11 at 9:25 a.m., RN #3 indicated she had "completely forgot about them" (the bruises). She indicated she should have measured the bruises and began an investigation.</p> <p>During an interview on 4/19/11 at 9:50 a.m., RN #3 indicated she had measured</p>						

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	<p>the bruises. She indicated the resident had 3 bruises on her left arm and 1 bruise on her right arm. The bruises on her left arm by the elbow, which were purple in color, measured 1.4 cm by 1.9 cm, 4.5 cm by 4.7 cm, and 1.8 cm by 1.2 cm. The right arm bruise was on the resident's forearm was purple in color and measured 1.6 cm by 1.6 cm. She indicated she was beginning the investigation for the bruises.</p> <p>3. The initial tour of the C-Hall on 04/18/11 at 10:30 a.m. through 10:40 a.m., was completed with the Restorative Nurse. During the tour, the Restorative Nurse indicated Resident #49 was not interviewable and required one person to assist her with transfers. Resident #49's call light was activated and the Restorative Nurse answered the Resident's light and the Resident requested to use the bathroom. The Restorative Nurse then transferred the Resident onto the toilet. During the transfer, with the Restorative Nurse, there were two small purple bruises observed on the Resident's left inner thigh. During an interview at the time of the observation, Resident #49 indicated she did not know how she got the bruises. During an interview after the Resident care had been completed, the Restorative Nurse indicated she had been unaware of the bruises.</p>						

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	<p>Resident #49's record was reviewed on 04/19/11 at 6:45 a.m. The Resident's diagnoses included, but were not limited to, dementia and Parkinson's Disease.</p> <p>The Resident's Significant Change Minimum Data Set Assessment, dated 03/08/11, indicated the resident's cognitive status was moderately impaired with a score of 9, and the resident required extensive assistance of one person for transferring and toileting.</p> <p>The, "Social Service Update Assessment and Plan", dated 03/08/11, indicated the resident had short and long term memory problems.</p> <p>There were no Nurses' Notes in the Resident's record after 03/15/11 to indicate the resident had bruising on the left inner thigh.</p> <p>During an interview on 04/19/11 at 7:15 a.m., the Restorative Nurse indicated she had informed the Nurse on 04/18/11 about the bruises on the Resident's left inner thigh. The Restorative Nurse indicated an investigation of the bruising had not been done and they would start the investigation today (04/19/11).</p> <p>The investigation of the bruising, dated</p>						

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F0226 SS=D	<p>04/19/11 at 8:15 a.m., indicated the resident had three bruises, two on the inner left thigh and one below the left knee, which measured, 2 cm (centimeters) by 1.5 cm, 1.5 cm by 1.5 cm, and 1 cm by 0.5 cm.</p> <p>This tag was cited on 02/23/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-28(d)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on observation, record review and interview, the facility failed to follow the facility's policy for investigating unusual occurrences related to injuries of</p>			F0226	<p>F 226 D</p> <p>1. What corrective action (s) will be accomplished for</p>		05/13/2011

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	<p>unknown origin for 3 of 14 residents reviewed for injuries of unknown origin in a sample of 14 residents. (Resident #12, #49, and #76)</p> <p>Findings include:</p> <p>1. Resident #76's record was reviewed on 4/18/11 at 11:22 a.m. Resident #76's diagnoses included, but were not limited to history of falls, muscle weakness, and Alzheimer's disease.</p> <p>A Significant Change MDS (Minimum Data Set) assessment, dated 2/10/11, indicated Resident #76 had short and long term memory problems and was severely impaired for decision making. The MDS assessment indicated the resident had not transferred or ambulated. The MDS assessment indicated the resident required extensive one person assistance for bed mobility and was totally dependent for dressing, eating, toilet use, personal hygiene, and bathing.</p> <p>A Nurses' Note, dated 4/5/11 at 1:00 a.m., indicated "Bruise found R (right) upper (arrow pointing up) arm proximal/elbow, 2 1/2 cm (centimeters) by 3 cm...unknown origin...."</p> <p>A Nurses' Note, dated 4/7/11 at 6:00 a.m., indicated the resident's bruises to the right elbow were healing.</p> <p>A Nurses' Note, dated 4/13/11 at 1:00 p.m., indicated "Bruises c/ (with) abrasions to R elbow noted. Purple areas is (sic) approx. (approximate) 8.5 cm by 7 cm et 1 cm x (by) 1 cm distally. Abrasions within bruise are approx. 2 cm x 0.8 cm et (and) 2.5 cm x 1.8 cm. Bruise is of unknown origin...."</p>				<p>those residents found to have been affected by the deficient</p> <p>a. A complete skin assessment was completed, on Resident #76 to determine resident's skin condition and ascertain factors that might lead to additional bruising. This resident has a history of bruising therefore; identified skins issues related to bruise(s) of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator /Designee and with an appropriate Resident Care Plan implemented.</p> <p>b. A complete skin assessment was completed on Resident # 12. A complete skin assessment was completed with no new bruises identified. All issues of bruises /injuries of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of</p>		

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	<p>A Witness Statement Form, dated 4/5/11 at 1:00 p.m., indicated "Bruises found on resident's arm while doing PICC (peripherally inserted central catheter) line dressing changes. R forearm purple bruises noted 3 cm wide 2 1/2 from unknown origin...Possibly with ADL (activities of daily living)...."</p> <p>An Accident/Incident Report, dated 4/13/11, provided by the Nurse Consultant on 4/18/11 at 1:07 a.m., indicated "...When inspecting another bruise I noticed a new bruise of unknown origin...." There was a lack of documentation of an investigation of why the bruises occurred. There was a lack of documentation of a Witness Statement Form.</p> <p>During an interview on 4/18/11 at 1:55 p.m., the ADoN (Assistant Director of Nursing) indicated she was not sure how the bruises occurred.</p> <p>During an interview on 4/19/11 at 12:55 p.m., the DoN (Director of Nursing) indicated the investigation for the bruises found on 4/5/11 and /4/13/11, had been initiated on 4/18/11.</p>				<p>Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented.</p> <p>c. A complete skin assessment was completed on Resident # 49. A complete skin assessment was completed with no new bruises identified. All issues of bruises/injuries of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken</p> <p>a. New investigative protocol for bruises/injuries</p>		

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					<p>of unknown origin has been developed and implemented this protocol will be used to thoroughly investigate all bruise(s) /injuries of unknown origin. A multidisciplinary team comprised of Director of Nursing/Designee and the Resident Care Coordinator/Designee will be responsible to ensure that the new investigative protocol is being implemented. Residents will be re-assessed using the new protocol and resident care plan will be updated as needed.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>a. New protocol/forms for reporting and investigating bruises /injuries of unknown origin were developed.</p> <p>b. Incident/Accident reports will be placed in designated medical record box on each unit. The incident /accident reports</p>		

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					<p>will be collected by medical records during daily Monday through Friday and nursing house supervisor will collect on the week end. The reports will be given to the Director of Nursing/Designee.</p> <p>c. Director of Nursing /Designee will review incident report /accident report and initiate investigation.</p> <p>d. After review of investigation by the Director of Nursing /Designee, the corporate nursing consultant will be informed of findings. The Director of Nursing/Designee will proceed according to Indiana reportable regulations as directed if investigation indicates.</p> <p>e. A Directed in-service training on new investigative protocol will be provided to nursing staff.</p> <p>4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance</p>		

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	2. Resident #12 was observed during the initial tour on				program will be put into place. a. Incident/Accident reports will be reviewed at the morning stand up meeting. This process will be on going. b. Director of Nursing will meet with individual nurses if new protocol /procedures are not being followed. Nurse will be re-educated and disciplined when appropriate. c. Director of Nursing /Designee will review investigation documentation on incident/accident of unknown origin and log when completed. A summary of investigation(s) will be presented monthly to the Q/A committee and this will be ongoing.		

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	<p>4/18/11 at 10:08 a.m., with RN #3 present, in her wheelchair in the hallway on the B hall. There were 3 purple bruises noted on the resident's left elbow. RN #3 indicated she did not know the resident had the bruises. She indicated the resident was confused. Resident #12 was not aware of how she had gotten the bruises.</p> <p>Resident #12's record was reviewed on 4/18/11 at 1:05 p.m. Resident #12's diagnoses included, but were not limited to, osteoporosis, dementia, and hypertension.</p> <p>The nurses' notes, last documentation was 3/26/11, there was a lack of documentation of the bruises.</p> <p>An annual MDS assessment,</p>						

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	<p>dated 3/24/11, indicated the resident's cognitive status was extremely impaired and the resident required limited to extensive assistance of one staff member for bed mobility, transfers, ambulation, dressing, personal hygiene, and bathing.</p> <p>Resident #12's record was reviewed on 4/19/11 at 9:20 a.m. There was a lack of documentation in the resident's nurses' notes related to the bruises observed on the initial tour on 4/18/11 at 10:08 a.m.</p> <p>During an interview on 4/19/11 at 9:25 a.m., RN #3 indicated she had "completely forgot about them" (the bruises). She indicated she should have measured the bruises and began an investigation.</p>						

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	<p>During an interview on 4/19/11 at 9:50 a.m., RN #3 indicated she had measured the bruises. She indicated the resident had 3 bruises on her left arm and 1 bruise on her right arm. The bruises on her left arm by the elbow, which were purple in color, measured 1.4 cm by 1.9 cm, 4.5 cm by 4.7 cm, and 1.8 cm by 1.2 cm. The right arm bruise was on the resident's forearm was purple in color and measured 1.6 cm by 1.6 cm. She indicated she was beginning the investigation for the bruises.</p> <p>3. The initial tour of the C-Hall on 04/18/11 at 10:30 a.m. through 10:40 a.m., was completed with the Restorative Nurse. During the tour, the Restorative Nurse indicated Resident #49 was not interviewable and required one person to assist her with transfers. Resident #49's call light was activated and the Restorative Nurse answered the Resident's light and the Resident requested to use the bathroom. The Restorative Nurse then</p>						

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	<p>transferred the Resident onto the toilet. During the transfer, with the Restorative Nurse, there were two small purple bruises observed on the Resident's left inner thigh. During an interview at the time of the observation, Resident #49 indicated she did not know how she got the bruises. During an interview after the Resident care had been completed, the Restorative Nurse indicated she had been unaware of the bruises.</p> <p>Resident #49's record was reviewed on 04/19/11 at 6:45 a.m. The Resident's diagnoses included, but were not limited to, dementia and Parkinson's Disease.</p> <p>The Resident's Significant Change Minimum Data Set Assessment, dated 03/08/11, indicated the resident's cognitive status was moderately impaired with a score of 9, and the resident required extensive assistance of one person for transferring and toileting.</p> <p>The, "Social Service Update Assessment and Plan", dated 03/08/11, indicated the resident had short and long term memory problems.</p> <p>There was no Nurses' Notes in the Resident's record after 03/15/11 to indicate the resident had bruising on the left inner thigh.</p>						

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FORM APPROVED

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	<p>During an interview on 04/19/11 at 7:15 a.m., the Restorative Nurse indicated she had informed the Nurse on 04/18/11 about the bruises on the Resident's left inner thigh. The Restorative Nurse indicated an investigation of the bruising had not been done and they would start the investigation today (04/19/11).</p> <p>The investigation of the bruising, dated 04/19/11 at 8:15 a.m., indicated the resident had three bruises, two on the inner left thigh and one below the left knee, which measured, 2 cm (centimeters) by 1.5 cm, 1.5 cm by 1.5 cm, and 1 cm by 0.5 cm.</p> <p>A facility policy, titled "Accidents and Incidents," dated 2/10, and received as current from the DoN indicated "...all accidents or incidents including unexplained bruises or abrasions will be investigated...investigation will be conducted to determine possible causes. A summary of causes/trends concerns will be recorded...."</p> <p>A facility policy, titled, "Resident Abuse ...", dated 10/29/10, received from the Director of Nursing as current, indicated, "...1. Injuries of unknown origin will be investigated. An injury should be classified as an 'injury of unknown source'</p>						

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	<p>when both the following conditions are met: The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time..."</p> <p>This tag was cited on 02/23/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-38(a)</p>						

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F0272 SS=D	<p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p> <p>Based on observation, record review, and interview, the facility failed to assess residents with bruises and a resident with a head injury for 3 of 14 resident's reviewed for assessments in a total sample of</p>			F0272	<p>F 272 D</p> <p>1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient</p> <p>a. A complete skin assessment was completed on Resident # 12. A</p>		05/13/2011

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	<p>14 residents. (Residents #12, #20, and #49)</p> <p>Findings include:</p> <p>1. Resident #12 was observed during the initial tour on 4/18/11 at 10:08 a.m., with RN #3 present, in her wheelchair in the hallway on the B hall. There were 3 purple bruises noted on the resident's left elbow. RN #12 indicated she did not know the resident had the bruises.</p> <p>Resident #12's record was reviewed on 4/18/11 at 1:05 p.m. Resident #12's diagnoses included, but were not limited to, osteoporosis, dementia, and hypertension.</p> <p>The nurses' notes, last documentation was 3/26/11,</p>				<p>complete skin assessment was completed with no new bruises identified. All new issues of bruises /injuries of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented.</p> <p>b. Resident #20 sustained laceration of right eye on 3/25/11 and went to the ER for further evaluation and returned within a short period of time .The resident was assessed on the shift after his arrival. He had a laceration to right eye requiring sutures which were removed on 3/30/11.</p> <p>c. A complete skin assessment was completed on Resident # 49. A complete skin assessment was completed with no new bruises identified. All new issues of bruises/injuries of</p>		

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	<p>there was a lack of documentation of an assessment for the bruises.</p> <p>Resident #12's record was reviewed on 4/19/11 at 9:20 a.m. There was a lack of documentation in the resident's nurses' notes related to the bruises observed on the initial tour on 4/18/11 at 10:08 a.m.</p> <p>During an interview on 4/19/11 at 9:25 a.m., RN #3 indicated she had "completely forgot about them" (the bruises). She indicated she should have measured the bruises.</p> <p>2. Resident #20's record was reviewed on 4/19/11 at 11:20 a.m. Resident #20's diagnoses included, but were not limited to, psychotic mood disorder, dementia, and depression.</p>				<p>unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken</p> <p>a. New investigative protocol for bruises/injuries of unknown origin has been developed and implemented this protocol will be used to thoroughly investigate all bruise(s) /injuries of unknown origin. A multidisciplinary team comprised of Director of Nursing/Designee and the Resident Care Coordinator/Designee will be responsible to ensure that the new investigative protocol is being implemented. Residents will</p>		

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	<p>A nurses' note, dated 3/25/11 at 2:30 p.m., indicated "Res (resident) was found on the floor of his room...he had suffered a laceration above the r (right) eye. Pressure applied...orders to transport resident to (name of hospital) emergency room..."</p> <p>A hospital emergency room note, dated 3/25/11, indicated the resident had a facial laceration which required sutures.</p> <p>A nurses' note, dated 3/25/11 indicated: 8:45 p.m., "Resident returned from ER ...Resident transferred to bed ii (two) assist. Resident drowsy alert to self only." There was a lack of documentation of an</p>				<p>be re-assessed using the new protocol and resident care plan will be updated as needed.</p> <p>b. All residents who have had hospitalization and or an emergency room visit have been assessed upon return.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>a. New protocol/forms for reporting and investigating bruises /injuries of unknown origin were developed.</p> <p>b. Incident/Accident reports will be placed in designated medical record box on each unit. The incident /accident reports will be collected by medical records during daily Monday through Friday and nursing house supervisor will collect on the week end. The reports will be given to</p>		

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	<p>assessment of the resident's laceration and sutures above the resident's right eye. There was a lack of a neurological assessment of the resident. 11 p.m., "Resident in bed. Alert to place and self. No (indicated by a o) voiced concerns at this time. Denies any pain." There was a lack of documentation of an assessment of the resident's sutures and laceration or of a neurological assessment for the resident.</p> <p>During an interview on 4/19/11 at 11:45 a.m., MDS (Minimum Data Set) Coordinator #5 indicated the resident should have been assessed upon return from the hospital with a head injury and sutures. She indicated a neurological assessment should have been done. She indicated she would</p>				<p>the Director of Nursing/Designee.</p> <p>c. Director of Nursing /Designee will review incident report /accident report and initiate investigation.</p> <p>d. After review of investigation by the Director of Nursing /Designee, the corporate nursing consultant will be informed of findings. The Director of Nursing/Designee will proceed according to Indiana reportable regulations as directed if investigation indicates.</p> <p>e. A Directed in-service training on new investigative protocol will be provided to nursing staff.</p> <p>f. A Directed In-Service will be presented on Assessments</p> <p>4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place</p> <p>a. The Restorative Nurse/Designee will</p>		

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	<p>look for a neurological assessment for the resident.</p> <p>During an interview on 4/19/11 at 1:15 p.m., the First Floor Unit Manager indicated neurological assessments were not done when the resident returned from the hospital until the next day. She indicated the nurse should have started the neurological assessment when the resident returned from the hospital.</p> <p>A facility policy, titled "Fall Prevention", dated 4/3/10, provided by the Director of Nurses as current, indicated "...Neurological checks will be done...on any resident who has had an unwitnessed fall or has hit his/her head and documented in the clinical record..."</p>				<p>perform daily audit on all Incident /Accident documentation utilizing the Incident/Accident Monitoring Tool. A recap of issues needing to be addressed will be given to the RCC for follow-up and correction as needed. The RCC/Designee will complete the follow-up form and give summary of results to the Director of Nursing /Designee. The Director of Nursing will report findings to the Q/a committee monthly. This will be on -going</p> <p>F 272 D</p> <p>1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient</p> <p>a. A complete skin assessment was completed on Resident # 12. A complete skin assessment</p>		

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					<p>was completed with no new bruises identified. All new issues of bruises /injuries of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented.</p> <p>b. Resident #20 sustained laceration of right eye on 3/25/11 and went to the ER for further evaluation and returned within a short period of time .The resident was assessed on the shift after his arrival. He had a laceration to right eye requiring sutures which were removed on 3/30/11.</p> <p>c. A complete skin assessment was completed on Resident # 49. A complete skin assessment was completed with no new bruises identified. All new issues of bruises/injuries of unknown origin will be</p>		

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					<p>thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken</p> <p>a. New investigative protocol for bruises/injuries of unknown origin has been developed and implemented this protocol will be used to thoroughly investigate all bruise(s) /injuries of unknown origin. A multidisciplinary team comprised of Director of Nursing/Designee and the Resident Care Coordinator/Designee will be responsible to ensure that the new investigative protocol is being implemented. Residents will be re-assessed using the</p>		

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					<p>new protocol and resident care plan will be updated as needed.</p> <p>b. All residents who have had hospitalization and or an emergency room visit have been assessed upon return.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>a. New protocol/forms for reporting and investigating bruises /injuries of unknown origin were developed.</p> <p>b. Incident/Accident reports will be placed in designated medical record box on each unit. The incident /accident reports will be collected by medical records during daily Monday through Friday and nursing house supervisor will collect on the week end. The reports will be given to the Director of</p>		

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					Nursing/Designee. c. Director of Nursing /Designee will review incident report /accident report and initiate investigation. d. After review of investigation by the Director of Nursing /Designee, the corporate nursing consultant will be informed of findings. The Director of Nursing/Designee will proceed according to Indiana reportable regulations as directed if investigation indicates. e. A Directed in-service training on new investigative protocol will be provided to nursing staff. f. A Directed In-Service will be presented on Assessments 4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place a. The Restorative Nurse/Designee will perform daily audit on all		

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					<p>Incident /Accident documentation utilizing the Incident/Accident Monitoring Tool. A recap of issues needing to be addressed will be given to the RCC for follow-up and correction as needed. The RCC/Designee will complete the follow-up form and give summary of results to the Director of Nursing /Designee .The Director of Nursing will report findings to the Q/a committee monthly .This will be on –going</p> <p>F 272 D</p> <p>1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient</p> <p>a. A complete skin assessment was completed on Resident # 12. A complete skin assessment was completed with no new</p>		

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					<p>bruises identified. All new issues of bruises /injuries of unknown origin will be thoroughly investigated by a multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented.</p> <p>b. Resident #20 sustained laceration of right eye on 3/25/11 and went to the ER for further evaluation and returned within a short period of time .The resident was assessed on the shift after his arrival. He had a laceration to right eye requiring sutures which were removed on 3/30/11.</p> <p>c. A complete skin assessment was completed on Resident # 49. A complete skin assessment was completed with no new bruises identified. All new issues of bruises/injuries of unknown origin will be thoroughly investigated by a</p>		

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					<p>multidisciplinary team comprised of the Director of Nursing/Designee and the Resident Care Coordinator/Designee and with an appropriate Resident Care Plan implemented.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken</p> <p>a. New investigative protocol for bruises/injuries of unknown origin has been developed and implemented this protocol will be used to thoroughly investigate all bruise(s) /injuries of unknown origin. A multidisciplinary team comprised of Director of Nursing/Designee and the Resident Care Coordinator/Designee will be responsible to ensure that the new investigative protocol is being implemented. Residents will be re-assessed using the new protocol and resident</p>		

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					<p>care plan will be updated as needed.</p> <p>b. All residents who have had hospitalization and or an emergency room visit have been assessed upon return.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>a. New protocol/forms for reporting and investigating bruises /injuries of unknown origin were developed.</p> <p>b. Incident/Accident reports will be placed in designated medical record box on each unit. The incident /accident reports will be collected by medical records during daily Monday through Friday and nursing house supervisor will collect on the week end. The reports will be given to the Director of Nursing/Designee.</p>		

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					<p>c. Director of Nursing /Designee will review incident report /accident report and initiate investigation.</p> <p>d. After review of investigation by the Director of Nursing /Designee, the corporate nursing consultant will be informed of findings. The Director of Nursing/Designee will proceed according to Indiana reportable regulations as directed if investigation indicates.</p> <p>e. A Directed in-service training on new investigative protocol will be provided to nursing staff.</p> <p>f. A Directed In-Service will be presented on Assessments</p> <p>4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place</p> <p>a. The Restorative Nurse/Designee will perform daily audit on all Incident /Accident</p>		

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	<p>3. The initial tour of the C-Hall on 04/18/11 at 10:30 a.m. through 10:40 a.m., was completed with the Restorative Nurse. During the tour, the Restorative Nurse indicated Resident #49 was not interviewable and required one person to assist her with transfers. Resident #49's call light was activated and the Restorative Nurse answered the Resident's light and the Resident requested to use the bathroom. The Restorative Nurse then</p>				<p>documentation utilizing the Incident/Accident Monitoring Tool. A recap of issues needing to be addressed will be given to the RCC for follow-up and correction as needed. The RCC/Designee will complete the follow-up form and give summary of results to the Director of Nursing /Designee .The Director of Nursing will report findings to the Q/a committee monthly .This will be on –going</p>		

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	<p>transferred the Resident onto the toilet. During the transfer, with the Restorative Nurse, there were two small purple bruises observed on the Resident's left inner thigh. During an interview at the time of the observation, Resident #49 indicated she did not know how she got the bruises. During an interview after the Resident care had been completed, the Restorative Nurse indicated she had been unaware of the bruises.</p> <p>Resident #49's record was reviewed on 04/19/11 at 6:45 a.m. The Resident's diagnoses included, but were not limited to, dementia and Parkinson's Disease.</p> <p>The Resident's Significant Change Minimum Data Set Assessment, dated 03/08/11, indicated the resident's cognitive status was moderately impaired with a score of 9, and the resident required extensive assistance of one person for transferring and toileting.</p> <p>The, "Social Service Update Assessment and Plan", dated 03/08/11, indicated the resident had short and long term memory problems.</p> <p>There were no Nurses' Notes in the Resident's record after 03/15/11. The Nurses' notes lacked documentation to indicate the resident's bruising on the left</p>						

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	<p>inner thigh had been assessed.</p> <p>During an interview on 04/19/11 at 7:15 a.m., the Restorative Nurse indicated she had informed the Nurse on 04/18/11 about the bruises on the Resident's left inner thigh.</p> <p>The investigation of the bruising, dated 04/19/11 at 8:15 a.m., indicated the resident had three bruises, two on the inner left thigh and one below the left knee, which measured, 2 cm (centimeters) by 1.5 cm, 1.5 cm by 1.5 cm, and 1 cm by 0.5 cm.</p> <p>This tag was cited on 02/23/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-31(a)</p>						

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F0280 SS=E	<p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, record review and interview, the facility failed to ensure residents' care plans were developed and updated, related to vision, knee braces, falls, mood, and communication, for 4 of 14 resident's reviewed for care plans in a sample of 14. (Resident's #12, #51, #76, #128)</p> <p>Findings include:</p> <p>1. Resident #128's record was reviewed on 4/19/11 at 9:45 a.m. Resident #128's diagnoses included, but were not limited to, glaucoma, hypertension, and Alzheimer's.</p>			F0280	<p>F 280 E</p> <p>1. What corrective action(s) will be accomplished to those residents found to have been affected by the deficient</p> <p>a. Resident 3128 A vision care plan has been initiated</p> <p>b. Resident #51 A fall care plan has been updated</p> <p>c. Resident #76 A care plan for mood has been initiated</p> <p>d. Resident # 12 A care</p>		05/13/2011

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	<p>A. An Annual MDS (Minimum Data Set) Assessment was completed on 4/1/11. The CAA (Care Area Assessment) Summary indicated visual function triggered. The summary notes indicated "...dx (diagnosis) dementia and Glaucoma...wore glasses...staff also is aware of the need to position items directly in front of (resident's name)...Will proceed to care plan."</p> <p>The resident's record lacked documentation of a visual function care plan.</p> <p>During an interview with the Haven Unit Social Service Director, on 4/19/11 at 11:06 a.m., she indicated she did not have a care plan for visual function.</p> <p>B. A Physician's Recapitulation Orders, dated 4/1/11 through 4/30/11, indicated "bilat (bilateral) knee braces to decrease pain & instability & contractures d/t (due to) knee OA (osteoarthritis)"</p> <p>During an observation on 4/19/11 at 9:55 a.m., resident #128 was up in her wheelchair and did not have knee braces on. During an interview at the time of the observation, LPN #4 indicated the resident only wears them at night and she takes them off.</p>				<p>plan addressing communication has been e. initiated</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken</p> <p>a. All Resident care plans will be reviewed and updated and or initiated as needed with focus on vision, falls, mood and communication.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>a. A Directed In-Service on care plans being developed and updated will be presented to the multidiscipline team responsible for care plans.</p> <p>4. How the corrective action(s) will be monitored to ensure that the deficient practice will not recur.i.e. what quality assurance</p>		

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	<p>The MAR's (Medication Administration Record) and TAR's (Treatment Administration Record) did not indicate when the braces were supposed to be on and did not indicate the braces were being put on.</p> <p>The resident's record lacked documentation of a care plan for the knee braces.</p> <p>During an interview with the First Floor Unit Manager, on 4/19/11 at 11:07 a.m., she indicated there was not a care plan for the knee braces.</p> <p>2. Resident #51's record was reviewed on 4/19/11 at 11:10 a.m. Resident #51's diagnoses included, but were not limited to, dementia, arthritis, and congestive heart failure.</p> <p>Fall Management Program Notes indicated the resident had a fall on 1/16/11 and 4/9/11.</p> <p>A Fall Risk Assessment, dated 4/9/11, indicated a score of 20, which means the resident is a high risk for falls.</p> <p>The resident's record lacked documentation of a fall care plan.</p>				<p>program will be put into place?</p> <p>a. All care plans that are scheduled to be completed during the month will be audited by the MDS/Designee monthly for six months. Findings will be reviewed and reported to the Administrator /Designee who will be responsible to report to the Q/A if trends is identified, audits will be ongoing until compliance is obtained.</p>		

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	<p>During an interview with RN #3, on 4/19/11 at 11:25 a.m., she indicated there was not a fall care plan.</p> <p>During an interview with the Restorative Nurse, on 4/19/11 at 11:40 a.m., she indicated it doesn't make sense at all why there wasn't a fall care plan.</p> <p>During an interview with the Restorative Nurse, on 4/19/11 at 12:12 p.m., she indicated she had to print the fall care plan off the computer.</p> <p>3. Resident #76's record was reviewed on 4/18/11 at 11:22 a.m. Resident #76's diagnoses included, but were not limited to, dementia, Alzheimer's disease, and hypertension.</p> <p>A Significant Change MDS Assessment was completed on 2/18/11. The CAA indicated Mood State as a trigger area and was addressed in the care plan.</p> <p>The resident's record lacked documentation of a Mood State care plan.</p> <p>An Activity care plan, dated 2/22/11, indicated "Due to (resident's name) current Dx (diagnosis) she rarely to never leaves her room. She does have strong family support and visitors daily. They engage (resident's name) in past interests</p>						

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	<p>like reminiscing, tv, music daily. They visit for approximately 3-5 hrs daily. Family has requested that Catholic service come and say a prayer wkly with (resident's name)."</p> <p>During an interview with the ADoN (Assistant Director of Nursing), on 4/18/11 at 12:21 p.m., she indicated she did not see a Mood State care plan.</p> <p>During an interview with the ADoN, on 4/18/11 at 1:03 p.m., she indicated Social Services thought the Activity care plan was enough but they are going to do another one.</p> <p>4. Resident #12's record was reviewed on 4/18/11 at 1:05 p.m. Resident #12's diagnoses included, but were not limited to, glaucoma, blind in right eye, and congestive heart failure.</p> <p>An Annual MDS Assessment was completed on 3/31/11. The CAA Summary indicated Communication triggered and was addressed on the care plan.</p> <p>The resident's record lacked documentation of a care plan for communication.</p> <p>During an interview with Social Service</p>						

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F0282 SS=D	<p>#7 on 4/18/11 at 1:45 p.m., she indicated there was not a care plan for communication.</p> <p>This tag was cited on 2/23/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-3(o)</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to ensure physicians' orders and residents' plans of care were followed related to medications and pressure ulcer prevention interventions, splint, skin tear interventions, and fall interventions for 2 of 14 residents reviewed for</p>			F0282	<p>F 282 D</p> <p>1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient</p> <p>a. Resident #11 The Geri sleeve to left arm was placed on the resident, positioning pillow was placed to ensure proper positioning, hand and elbow splint were applied and heels floated.</p> <p>b. Resident #12 The</p>		05/13/2011

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	<p>following residents' plans of care and physicians' orders in a total sample of 14 residents (Residents #11 and #12)</p> <p>Findings include:</p> <p>1. Resident #11's record was reviewed on 4/18/11 at 11:25 a.m. Resident #11's diagnoses included, but were not limited to, dementia and stroke.</p> <p>A care plan, dated 7/12/10 and updated 4/12/11, indicated "Resident at risk for skin breakdown...float heels while in bed..."</p> <p>A care plan, dated 7/15/10 and updated 4/12/11. indicated "Risk for bleeding/ecchymosis (sic) (bruises)...geri sleeve to left arm as tolerated..."</p>				<p>Boniva medication was administered at time of finding</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken.</p> <p>a. All residents were assessed to ensure that care plan was being implemented.</p> <p>b. The geri sleeves, positioning devices, splints, heel floaters, and other interventions will be placed on the residents treatment record The nurse will be responsible to assure compliance per shift 7-3,3-11,11-7.</p>		

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	<p>An undated care plan, updated 4/12/11, indicated "Res (Resident) is @ (at) risk for decline in ROM (Range of Motion)...she wears a splint to L (left) hand..."</p> <p>A "Restorative Care Flow Record", dated 4/11, indicated "...Approach Restorative to see resident 7 times a week for prom (passive range of motion) to L elbow...hand splint and elbow splint. On by 7 a.m. off at 2 p.m..."</p> <p>A care plan, dated 7/15/10 and updated 4/12/11, indicated "...risk for falls...May use body pillow in bed to aid in positioning..."</p> <p>Resident #11 was observed on 4/18/11 at 12:10 p.m., with</p>				<p>c. All resident physician orders were reviewed and medication administration recorded reviewed to ensure orders were documented per physician order and medication administered as ordered.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>a. A Directed in-service training on care plans being developed and updated and implemented will be presented to nursing staff.</p> <p>b. A Directed in-service training on following physician orders will be presented to nursing staff.</p> <p>4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e.</p>		

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	<p>LPN #6 present, lying in bed on her back. The resident's heels were resting on the mattress and not floated. The resident did not have a splint on her left arm/hand. The resident did not have on geri sleeves nor did the resident have a body pillow in bed for positioning. LPN #6 acknowledged the resident's heels were not floated, splint and geri sleeves were not on, and there was not a body pillow in place.</p> <p>2. Resident #12's record was reviewed on 4/18/11 at 1:05 p.m. Resident #12's diagnoses included, but were not limited to, osteoporosis, dementia, and hypertension.</p> <p>A physician's order recapitulation, dated 4/11,</p>				<p>what quality assurance program will be put into place.</p> <p>a. All Care plans that are scheduled to be completed during the month will be audited by MDS/designee monthly for six months. Findings will be reviewed by Administrator /Designee who will report to the Q/A if trends is identified, audits will be ongoing until compliance reached.</p> <p>b. RCC/designee will audit physician orders daily for change of orders, physician order sheet monthly, and medication administration record and treatment records weekly. RCC will report findings monthly to Director of Nursing who will report trends to Q/A monthly. This audit will be ongoing.</p>		

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	<p>indicated "1/7/08 Boniva (a medication for osteoporosis) 150 mg (milligrams) 1 tablet po (orally) monthly..."</p> <p>A MAR (Medication Administration Record), dated 3/11, indicated the Boniva was to be administered on 3/25/11 at 6:30 a.m. There was a lack of documentation on the MAR to indicated the medication had been administered.</p> <p>Observation of the medication cart on 4/18/11 at 1:52 p.m., with the Restorative Nurse, indicated there were 2 cards of Boniva, which each contained one tablet, in the cart for the resident. The Restorative Nurse indicated the resident had not received the Boniva on 3/25/11. She indicated there should have only been one card</p>						

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F0323 SS=E	<p>with one tablet in the medication cart for this month.</p> <p>This deficiency was cited on 02/23/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-35(g)(2)</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interview, the facility failed to ensure residents received adequate supervision and assistance to prevent accidents related to an unsafe transfer due to transferring a resident without a gait belt, which resulted in the multiple bruising of the resident after the transfer and not following care plan interventions to prevent further falls for 3 of 12 residents at risk for falls in a sample of 14 (Residents #11, #20, and #34) and 1 of 2 resident who required assistance with transfers in a supplemental sample of 2 (Resident #59 and CNA #1).</p>			F0323	<p>F 323 F 1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>a. Resident # 59 Bed pad alarm was placed per care plan. i. Certified Nursing Assistant #1 Aide has been re-educated to care plan and informed that resident is at risk for falls. Aide was also re-educated to review aide assignment card for mode of transfer. She has also been instructed to use gait belt to assist with transfers. b. Resident# 34</p>		05/13/2011

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	<p>Findings include:</p> <p>1. During an observation of care on 04/19/11 at 7:18 a.m. with CNA #1 and CNA #2, the following was observed:</p> <p>CNA #1 and CNA #2 were providing care to Resident #60, CNA #1 was changing her gloves when Resident #59 (in the same room as Resident #60) indicated she needed to go to the bathroom and sat up on the side of the bed. CNA #1 then asked the resident to wait, and continued to put on the gloves. Resident #59 then stood from the bed, the resident's pressure alarm sounded and the resident started to walk toward the bathroom with a staggered, unsteady gait. CNA #1 stood by Resident #59's bed and watched the resident walk toward the bathroom with a staggered, unsteady gait. The resident then stumbled and leaned on the wall located at the bathroom door to support herself, which at that time CNA #1 then walked toward the resident to assist the resident to the toilet.</p> <p>CNA #1 then left the resident on the toilet in the bathroom to obtain the resident's supplies for care in the resident's room. CNA #1 then provided care for the resident and left the resident alone in the bathroom again, and CNA #1 then washed her hands in the sink, located outside of the bathroom. Resident #59 then got up from the toilet herself and CNA #1 told the resident to wait a minute, the resident continued to walk with a staggered, unsteady gait, on her own from the bathroom to the bed and then sat on the bed, while CNA #1 continued to stand at the sink and wash her hands. CNA #1 then assisted the resident to lie down in the bed.</p> <p>During an interview on 04/19/11 at 7:42 a.m.,</p>				<p>Aide was re-educated that gait belt was to be used and two assist. Aide assignment card, care plan updated to reflect resident current mode of transfer. c. Resident # 11 OT has completed evaluation for wheelchair positioning and body pillow was placed to ensure good positioning. d. Resident #20 Resident has been reassessed and body pillow has been discontinued. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken a. All residents' care plans were reviewed to ensure correct mode of transfer was documented. All Aide assignment cards were reviewed to ensure mode of transfer on care plan was documented on aide care. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur a. A Directed in-service training on care plans being developed and updated and implemented will be presented to nursing staff. b. New employees have been issued a gait belt ,employees who have misplaced gait belt have been given another ,employees who forget to wear gait belt will be able to request one from nurse as a supply are now being kept on nursing unit. c. A Directed in-service training Incident/Accident supervision and</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>CNA #1 indicated the resident could ambulate on her own and could be left in the bathroom by herself. CNA #1 indicated she had not heard any other instructions for the resident's care.</p> <p>Resident #59's record was reviewed on 04/19/11 at 7:45 a.m. The resident's diagnoses included, but were not limited to, dementia and diabetes mellitus.</p> <p>The Physician's Recapitulation Orders, dated 04/11, indicated the resident was to have a pad alarm on her bed at all times.</p> <p>The Fall Management Program Notes indicated:</p> <p>03/11/11- "Resident was observed on floor in sitting position next to bed... We will apply bed pad alarm per MD order."</p> <p>03/15/11- "...Staff indicates she continues to try to self toilet..."</p> <p>03/22/11- "...She has STM (short term memory) deficits and does not remember to call or wait for assist... She remains a fall risk. Will continue current interventions..."</p> <p>04/12/11- "...Will continue current interventions..."</p> <p>The resident's care plan, dated 02/14/11, indicated the resident was unsteady on her feet and was a risk for falls. The interventions indicated, "...She is able to ambulate with hand held assist... 03/11/11 Bed pad alarm..."</p> <p>The undated CNA Care Record, indicated the resident was a "Huge" fall risk and required assistance for safe transfers, walking, and toilet use.</p>				<p>use of devices will be presented to nursing staff. 4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place a. Staff nurses will be responsible throughout their shift while making rounds, passing medications and when assisting with transfer to monitor aides for gait belt compliance to ensure transfers are being done according to the care plan. This monitoring by staff nurse will be ongoing. The staff nurse will be responsible to document violation of gait belt transfer and policies related to following care plan and aide card. Staff nurse will forward aide violation documentation to RCC who will meet with aide and discipline as appropriate. RCC will supervise licensed staff for compliance with transfer policy. RCC will provide Director of Nursing/Designee with monthly report. Director of Nursing /Designee will give monthly report to Q/a. This will be on-going.</p>		

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	<p>2. Resident #34's record was reviewed on 4/19/11 at 9:15 a.m. Resident #34's diagnoses included, but were not limited to, dementia, osteoarthritis, and muscle weakness.</p> <p>A Quarterly MDS assessment, dated 2/11/11, indicated Resident #34's cognition was severely impaired. The MDS assessment indicated the resident required extensive two staff assistance for transfers.</p> <p>A Fall care plan, dated 11/24/11 and revised 2/27/11, indicated the resident was a one staff assist for transfers.</p> <p>An ADL (Activities of Daily Living) care plan, dated 11/12/11 and revised 2/22/11, indicated Transfer with two staff and use of gait belt.</p> <p>An undated CNA Care Record, indicated the resident required 2 staff assistance with the use of a gait belt for transfer.</p> <p>A Nurses' note, dated 3/31/11 at 7:00 p.m., indicated "CNA assisting resident c/ (with) HS (hour of sleep) care clothing removed. Large area of bruising noted to abdomen - purple/red in color 10.2 cm x (by) 11.6 cm in size. purple /red color to R (right) breast 5 cm x 1.8 cm. 4 separate large purple bruises to R side below axilla</p>	F0323	<p>F 323 F 1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>a. Resident # 59 Bed pad alarm was placed per care plan. i. Certified Nursing Assistant #1 Aide has been re-educated to care plan and informed that resident is at risk for falls. Aide was also re-educated to review aide assignment card for mode of transfer. She has also been instructed to use gait belt to assist with transfers. b. Resident# 34 Aide was re-educated that gait belt was to be used and two assist. Aide assignment card, care plan updated to reflect resident current mode of transfer. c. Resident # 11 OT has completed evaluation for wheelchair positioning and body pillow was placed to ensure good positioning. d. Resident #20 Resident has been reassessed and body pillow has been discontinued. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken</p> <p>a. All residents' care plans were reviewed to ensure correct mode of transfer was documented. All Aide assignment cards were reviewed to ensure mode of transfer on care plan was documented on aide care. 3. What measures will be put into place or what systemic changes will be made to ensure that the</p>	05/13/2011	

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	<p>(armpit), on rib cage area 1. proximal-dark purple 4.5 cm x 15 cm, 2. 2.5 cm x 11 cm dk (dark) purple, 3. 1.5 cm x 14.5 cm, 4. distal dk purple 2 cm x 7.8 cm. Resident is cognitively impaired and does not offer information regarding how bruises, may have incurred. Denies pain...."</p> <p>An investigative report, dated 3/31/11 and 4/1/11 indicated the resident was transferred with one assist by a CNA and the CNA did not use a gait belt.</p> <p>During an interview on 4/19/11 at 10:14 a.m., the DoN (Director of Nursing) indicated the the investigation revealed the CNA had transferred the resident by himself and without the use of a gait belt.</p> <p>An undated facility policy, titled "Gait Belts" provided by the DoN on 4/19/11 at 11:20 a.m., indicated "...gait belts are utilized on all residents requiring assistance with transfers unless the resident has been assessed to need a mechanical lift or is a stand by assist resident. Nursing staff are required to have a gait belt as part of their uniform attire...."</p>		<p>deficient practice does not recur</p> <p>a. A Directed in-service training on care plans being developed and updated and implemented will be presented to nursing staff.</p> <p>b. New employees have been issued a gait belt ,employees who have misplaced gait belt have been given another ,employees who forget to wear gait belt will be able to request one from nurse as a supply are now being kept on nursing unit. c. A Directed in-service training Incident/Accident supervision and use of devices will be presented to nursing staff. 4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place a. Staff nurses will be responsible throughout their shift while making rounds, passing medications and when assisting with transfer to monitor aides for gait belt compliance to ensure transfers are being done according to the care plan. This monitoring by staff nurse will be ongoing .The staff nurse will be responsible to document violation of gait belt transfer and polices related to following care plan and aide card. Staff nurse will forward aide violation documentation to RCC who will meet with aide and discipline as appropriate. RCC will supervise licensed staff for compliance with transfer policy. RCC will provide Director of Nursing/Designee with monthly</p>		

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	<p>3. Resident #11's record was reviewed on 4/18/11 at 11:25 a.m. Resident #11's diagnoses included, but were not limited to, dementia, stroke, and stroke.</p> <p>A Nurses' Note, dated 4/3/11 at 10:30 a.m., indicated "Res was found on the floor this hr (hour) by this writer. res was alert and stated that she had slid out of the chair..."</p> <p>A care plan, dated 7/15/10 and updated 4/12/11, indicated "...risk for falls...May use body pillow in bed to aid in positioning...4/3/11 OT (Occupational Therapy) to eval (evaluate) for w/c (wheelchair) positioning..."</p> <p>A "Fall Management Program</p>				<p>report. Director of Nursing /Designee will give monthly report to Q/a .This will be on-going.</p>		

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	<p>Notes", dated 4/3/11, indicated "Res was heard calling for nurse. When nurse entered room he observed resident on floor in lying position...OT to eval et (and) tx (treat) res for w/c positioning...."</p> <p>Resident #11 was observed on 4/18/11 at 12:10 p.m., with LPN #6 present, lying in bed on her back. The resident did not have a body pillow in bed for positioning. LPN #6 acknowledged there was not a body pillow in place.</p> <p>The resident's record lacked documentation of an evaluation or treatment by Occupational Therapy for wheelchair positioning.</p> <p>During an interview on 4/18/11 at 12:32 p.m., the</p>						

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	<p>Rehabilitation Manager indicated the resident had not received any Occupational Therapy in March or April.</p> <p>During an interview on 4/18/11 at 1:13 p.m., the Rehabilitation Manager indicated they had received an order for Occupational Therapy to evaluate and treat but the resident had been sent out to the hospital on 4/8/11 and the order they had was no longer any good and they needed a new order for therapy.</p> <p>4. Resident #20's record was reviewed on 4/19/11 at 11:20 a.m. Resident #20's diagnoses included, but were not limited to, psychotic mood disorder, dementia, and depression.</p> <p>A Significant change MDS,</p>						

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	<p>dated 4/14/11, indicated the resident was moderately impaired with decision making and cognition. The resident required limited assistance of one staff member for bed mobility.</p> <p>A care plan, dated 1/10/11 and updated 4/14/11, indicated "...has a history of falls...body pillow in bed for positioning..."</p> <p>A Nurses' Note, dated 4/14/11 at 7:45 p.m., indicated "Unwitnessed fall: CNA called nurse to room. Resident sitting on floor...Resident request (sic) to ask for help when needed & use call light to get help."</p> <p>A "Fall Management Program Notes", dated 4/14/11, indicated "Res was observed on floor in room...Res stated he</p>						

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	<p>rolled over et (and) out of the bed.... We will try a body pillow in bed c (with) him for positioning."</p> <p>Resident #20 was observed lying in bed without a body pillow in place on 4/18/11 at 10:40 a.m., 11:17 a.m., and 4/19/11 at 9:06 a.m., and 11:30 a.m.</p> <p>Resident #20 was observed lying in bed without a body pillow in place on 4/19/11 at 11:35 a.m., with CNA #8 present. CNA #8 indicated the resident's body pillow was not in place. She indicated the body pillow was on the floor in the resident's room.</p> <p>Resident #20 was observed lying in bed on 4/19/11 at 12:20 p.m., there was a body</p>						

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	<p>pillow lying at the foot of the bed.</p> <p>During an interview at the above date and time, the First Floor Unit Manager indicated the body pillow was not in the right place.</p> <p>A facility policy, titled "Fall Prevention", dated 4/3/10, provided by the Director of Nurses as current, indicated "It is the policy...to provide each resident with appropriate assessment and interventions to prevent falls...Interventions based on resident assessment will be -placed on the resident's care plan..."</p> <p>This deficiency was cited on 02/23/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						

[illegible]

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F0441 SS=E	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, record review, and interview, the facility failed to ensure infection control measures were followed to prevent the spread of infection related to handwashing and a clean linen cart</p>			F0441	F 441 F 1. What corrective action (s) will be accomplished for those residents found to		05/13/2011

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	<p>with resident supplies stored inside for 2 of 3 halls on the lower level, which had the potential to affect 49 of 78 residents, who reside on the Lower Level Unit. (B and C Halls, Resident #60 and CNA #1)</p> <p>Findings include:</p> <p>1. The B Hall linen cart was observed on 4/18/11 at 10:05 a.m. The linen cart was observed to contain four tubes of protective skin ointment, four toenail clippers, one hairbrush, and four boxes of gloves.</p> <p>During an interview on 4/18/11 at 10:05 a.m., the Wound Nurse indicated she did not know why the above items were stored in the clean linen cart.</p> <p>During an interview on 4/18/11 at 10:08 a.m., RN #3 indicated it was her job to make sure the items were not stored in the clean linen cart.</p> <p>2. During an observation of care on 04/19/11 at 7:18 a.m. with CNA #1 and CNA #2, the following was observed:</p> <p>CNA #1 and CNA #2 were providing care to Resident #60, CNA #1 had gloves on and had provided incontinence care to the resident. During the observation of the care, CNA #1 had indicated the resident</p>				<p>have been affected by the deficient.</p> <p>a. Linen cart had articles other than linen removed.</p> <p>b. Resident #60 was assessed and at this time has no infection</p> <p>c. Certified Nursing Assistant #1 was re-educated regarding handwashing policy and procedure and did a return demonstration.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken</p> <p>a. All residents on B and C hall on lower level have been assessed and have not developed infections at this time.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>a. Infection Control</p>		

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	<p>had been incontinent. CNA #1, then applied a new incontinent brief and began to assist the CNA #2 in dressing the resident without washing hands and changing gloves. During an interview at the time of the observation, CNA #1 stopped continuing to do the resident's care and indicated she should have washed her hands and put on new gloves. CNA #1 then took off the soiled gloves and washed her hands.</p> <p>CNA #1 then assisted the other resident in the room (Resident #59) and helped the other resident lay down in bed and covered the resident up. CNA #1 then returned to Resident #60 and continued to help CNA #2 dress the resident and transfer the resident into the chair. CNA #1 did not wash her hands prior to returning to care for Resident #60. CNA #1 then made Resident #60's bed. During an interview at the time of the observation, CNA #1 indicated she had not washed her hands between residents. She stated, "probably forgetting stuff, I'm still waking up". CNA #1 had gloves on, then left Resident #60's room without washing her hands. The CNA had the trash and soiled linen in plastic bags and placed them in the appropriate bins in the hallway, removed her gloves and entered another resident's room across the hall and washed her hands in the bathroom.</p>				<p>In-Service will be presented to all facility staff with emphasis on hand washing and proper handling of linen and linen carts, Facility staff will be required to give a return demonstration of hand washing technique.</p> <p>b. Quarterly hand washing in services will be held for nursing staff with return demonstration.</p> <p>c. Nursing staff, on each shift, will be responsible to monitor clean linen carts, on their units.</p> <p>4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place</p> <p>a. Infection control logs will be summarized and an infection report will be Presented by the Director of Nursing/designee to the monthly QA committee. The Medical Director will be responsible to sign the monthly reports. This will be ongoing.</p>		

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	<p>A facility policy, titled, "Handwashing", dated 05/07, received from Nurse Consultant as current, indicated, "...Appropriate...handwashing must be performed under the following conditions:...5. After having prolonged contact with a patient; 6. After handling used...linen, etc.;...8. After handling items potentially contaminated with a patient's blood, body fluids...9. After removing gloves..."</p> <p>3.1-18(l) 3.1-19(g)(1)</p>				<p>b. The unit RCC/designee will responsible to monitor hand washing and will be responsible to have each staff member complete quarterly hand washing test and return demonstration. The Director of Nursing/designee will present the quarterly hand washing data to the QA committee quarterly. This will be ongoing</p> <p>c. The unit RCC/designee will be responsible to monitor linen carts weekly .The findings will be reported to the Director of Nursing. The Director of Nursing will present findings quarterly to the QA committee. This will be ongoing.</p> <p>F 441 F</p> <p>1. What corrective action (s) will be accomplished for</p>		

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					<p>those residents found to have been affected by the deficient.</p> <p>a. Linen cart had articles other than linen removed.</p> <p>b. Resident #60 was assessed and at this time has no infection</p> <p>c. Certified Nursing Assistant #1 was re-educated regarding handwashing policy and procedure and did a return demonstration.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action (s) will be taken</p> <p>a. All residents on B and C hall on lower level have been assessed and have not developed infections at this time.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p>		

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					<p>a. Infection Control In-Service will be presented to all facility staff with emphasis on hand washing and proper handling of linen and linen carts, Facility staff will be required to give a return demonstration of hand washing technique.</p> <p>b. Quarterly hand washing in services will be held for nursing staff with return demonstration.</p> <p>c. Nursing staff, on each shift, will be responsible to monitor clean linen carts, on their units.</p> <p>4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place</p> <p>a. Infection control logs will be summarized and an infection report will be Presented by the Director of Nursing/designee to the monthly QA committee. The Medical Director will be responsible to sign the monthly reports. This will</p>		

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R0000				R0000	<p>be ongoing.</p> <p>b. The unit RCC/designee will responsible to monitor hand washing and will be responsible to have each staff member complete quarterly hand washing test and return demonstration. The Director of Nursing/designee will present the quarterly hand washing data to the QA committee quarterly. This will be ongoing</p> <p>c. The unit RCC/designee will be responsible to monitor linen carts weekly .The findings will be reported to the Director of Nursing. The Director of Nursing will present findings quarterly to the QA committee. This will be ongoing.</p>		

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